

RENTAL MANAGEMENT INFORMATION SHEET

Please complete this form fully and accurately in order for your account to be properly administered:

Property Address: _____

Owner(s) Name(s): _____

Owner(s) Address: _____

Owner(s) Phone Nos. (W) _____ (H) _____ (Cell) _____

Owner(s) E-mail Address: _____

Owner(s) SSN's: _____ // _____

Emergency Contact: Name: _____

Address: _____

Phone(s): _____

Current Tenant(s) Name(s), if any: _____

Phone(s): _____

Homeowner's Insurance Policy must be converted to rental policy. Contact your insurance agent for instructions on change, and attach a copy or have a copy sent to Agent.

Fire and Liability Insurance Company: _____ Policy No: _____

Insurance Agent's Name and Phone No: _____

Bank information for depositing balance of rent proceeds:

Name of Bank: _____ Account No: _____

Name(s) on Account: _____

Deposit in Checking or Savings? _____

Other instructions if balance of rent proceeds is not deposited into a local bank account:

Provide the following information, payment books, coupons, mailing labels, etc., for all payments you require Agent to make from the balance of rent proceeds:

First Trust Mortgage Company Name: _____

Address for Mailing Payment: _____

Address for Correspondence: _____

Address for Sending Tax Bill: _____

Account No: _____ Agent to Begin Paying on (Date) _____

Source of Heat: Electric Gas Oil Heat Pump Forced Air Hot Water

Location of main water cut-off valve: _____

Location of circuit breaker box: _____

Location of utility meters:

Gas: _____

Electric: _____

Water: _____

Electric Company: _____ Phone: _____

Gas Company: _____ Phone: _____

Water Company: _____ Phone: _____

Trash Service: _____ Phone: _____

Is Trash Service included in HOA dues? Yes _____ No _____

Septic Company: _____ Phone: _____

Provide sketch with location of septic tank, drain field and distribution box.

Well Pump Service Company: _____ Phone: _____

Provide sketch with location of well, its depth, type of boring and pump HP.

Appliances: List the make, model number, serial number and preferred service company for each; list pertinent information for any service contracts; **attach copies of service contracts.**

Appliance	Make	Model Number	Serial Number	Service Provider	Service Cont. (Y/N)
Refrigerator					
Stove					
Microwave					
Disposal					
Dishwasher					
Exhaust Fan					
Trash Compactor					
CAC/Heat Pump					
Furnace/Air Handler					
Humidifier					
Attic Fan					
Water Heater					
Sump Pump					
Washing Machine					
Dryer					
Automatic Garage Door Opener					

Appliance	Make	Model Number	Serial Number	Service Provider	Service Cont. (Y/N)
Burglar Alarm					
<i>Alarm Code:</i>					
<i>Further Alarm Instructions</i>					
CO Alarms/Detector*					
Smoke Alarms/Detectors**					

*Md. Code Ann., Pub. Safety § 12-1101 to 1106 – Carbon Monoxide Alarms

**Md. Code Ann., Pub. Safety § 9-101-109 – Fire Alarms

<http://mgaleg.maryland.gov/webmga/frmStatutes.aspx?pid=statpage&tab=subject5> (Statute Look Up)

If any of the above items are to be “AS IS” on the lease, please so indicate. “AS IS” items will remain with the property but will not be included on the lease. They will be available for tenants’ convenience only.

Leave all appliance books (or copies thereof) in a kitchen drawer; provide a written inventory of appliance books to Agent.

Provide four (4) sets of house keys, including keys for mailbox, storage areas, dead bolts, sheds, fences, etc.

Owner: _____ Date: _____

Owner: _____ Date: _____



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